



## Complete Summary

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### TITLE

Haemodialysis-associated blood stream infection: percentage of synthetic graft access-associated blood stream infections, during the 6 month time period.

### SOURCE(S)

Australian Council on Healthcare Standards (ACHS). ACHS clinical indicator users' manual 2009. ULTIMO NSW: Australian Council on Healthcare Standards (ACHS); 2009 Jan. 853 p.

## Measure Domain

### PRIMARY MEASURE DOMAIN

Outcome

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percentage of synthetic graft access-associated blood stream infections, during the 6 month time period.

The rate of haemodialysis-associated blood stream infection (BSI) for this indicator is expressed per 100 patient months.

### RATIONALE

Dialysis-associated blood stream infections cause considerable morbidity. A proportion of infections are potentially preventable through adherence to appropriate standards of care and the avoidance where possible of devices that have more frequent occurrence of infection.

### PRIMARY CLINICAL COMPONENT

Haemodialysis-associated blood stream infection; synthetic graft access

#### **DENOMINATOR DESCRIPTION**

Total number of patient-months for patients dialysed through synthetic grafts, during the 6 month time period (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

#### **NUMERATOR DESCRIPTION**

Total number of synthetic graft access-associated blood stream infections, during the 6 month time period (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

### **Evidence Supporting the Measure**

#### **EVIDENCE SUPPORTING THE CRITERION OF QUALITY**

- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

### **Evidence Supporting Need for the Measure**

#### **NEED FOR THE MEASURE**

Use of this measure to improve performance  
Variation in quality for the performance measured

#### **EVIDENCE SUPPORTING NEED FOR THE MEASURE**

Australian Council on Healthcare Standards (ACHS). Australasian clinical indicator report 2001-2007. Determining the potential to improve quality of care: 9th edition. ULTIMO NSW: Australian Council on Healthcare Standards (ACHS); 2008. 611 p.

### **State of Use of the Measure**

#### **STATE OF USE**

Current routine use

#### **CURRENT USE**

Internal quality improvement

### **Application of Measure in its Current Use**

#### **CARE SETTING**

Ambulatory Care  
Hospitals

**PROFESSIONALS RESPONSIBLE FOR HEALTH CARE**

Physicians

**LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED**

Single Health Care Delivery Organizations

**TARGET POPULATION AGE**

Unspecified

**TARGET POPULATION GENDER**

Either male or female

**STRATIFICATION BY VULNERABLE POPULATIONS**

Unspecified

**Characteristics of the Primary Clinical Component**

**INCIDENCE/PREVALENCE**

Unspecified

**ASSOCIATION WITH VULNERABLE POPULATIONS**

Unspecified

**BURDEN OF ILLNESS**

Unspecified

**UTILIZATION**

Unspecified

**COSTS**

Unspecified

**Institute of Medicine National Healthcare Quality Report Categories**

**IOM CARE NEED**

Living with Illness

## **IOM DOMAIN**

Effectiveness  
Safety

### **Data Collection for the Measure**

## **CASE FINDING**

Users of care only

## **DESCRIPTION OF CASE FINDING**

Patient-months for patients dialysed through synthetic grafts, during the 6 month time period

## **DENOMINATOR SAMPLING FRAME**

Patients associated with provider

## **DENOMINATOR INCLUSIONS/EXCLUSIONS**

### **Inclusions**

Total number of patient-months for patients dialysed through synthetic grafts, during the 6 month time period

Refer to the original measure documentation for International Classification of Diseases, Tenth Revision, Australian Modification (ICD-10-AM) procedure codes for haemodialysis.

### **Exclusions**

Unspecified

## **RELATIONSHIP OF DENOMINATOR TO NUMERATOR**

All cases in the denominator are equally eligible to appear in the numerator

## **DENOMINATOR (INDEX) EVENT**

Encounter  
Therapeutic Intervention

## **DENOMINATOR TIME WINDOW**

Time window brackets index event

## **NUMERATOR INCLUSIONS/EXCLUSIONS**

**Inclusions**

Total number of synthetic graft access-associated blood stream infections, during the 6 month time period

**Notes:**

- Diagnosis of blood stream infection (BSI) must meet specific criteria set out in Appendix 6 of the original measure documentation.
- Haemodialysis-associated BSI is defined as a BSI without an apparent focus of infection or where there is clinical infection at the site of the vascular access.

Refer to the original measure documentation for International Classification of Diseases, Tenth Revision, Australian Modification (ICD-10-AM) codes for BSI.

**Exclusions**

Unspecified

**MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS**

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

**NUMERATOR TIME WINDOW**

Fixed time period

**DATA SOURCE**

Administrative data  
Medical record

**LEVEL OF DETERMINATION OF QUALITY**

Not Individual Case

**OUTCOME TYPE**

Adverse Outcome

**PRE-EXISTING INSTRUMENT USED**

Unspecified

**Computation of the Measure****SCORING**

Rate

## **INTERPRETATION OF SCORE**

Better quality is associated with a lower score

## **ALLOWANCE FOR PATIENT FACTORS**

Unspecified

## **STANDARD OF COMPARISON**

External comparison at a point in time  
External comparison of time trends  
Internal time comparison

## **Evaluation of Measure Properties**

## **EXTENT OF MEASURE TESTING**

Unspecified

## **Identifying Information**

## **ORIGINAL TITLE**

Indicator area 3: haemodialysis-associated blood stream infection surveillance CI 3.2.

## **MEASURE COLLECTION**

[Australian Council on Healthcare Standards \(ACHS\) Equip Clinical Indicators](#)

## **MEASURE SET NAME**

[Infection Control Indicators](#)

## **DEVELOPER**

Australian Council on Healthcare Standards

## **FUNDING SOURCE(S)**

Funding is direct Australian Council on Healthcare Standards (ACHS) funding sourced through our membership. ACHS does not receive external funding from the government or other sources.

## **COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE**

Our terms of reference dictate the composition of the working parties that develop our indicators and include the following:

- Two Clinicians -- nominated by the relevant specialty college/association/society, one nominated to be the chair of the working party
- Private Hospital Representative -- nominated by the Australian Private Hospital Association
- Consumer Representative -- nominated by the Consumer Health Forum of Australia
- Coding Representative -- nominated by the National Centre for Clinical classification on Health
- Quality Health New Zealand, nominated by QHNZ (if applicable)
- Epidemiological/Clinical Research Representative, Director of Health Services Research Group, University of Newcastle
- Australian Council on Healthcare Standards (ACHS) Representatives -- Clinical Director, Coordinator, Administrative Assistant
- Other Expert Stakeholders, as required

## **FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST**

None

## **ADAPTATION**

The Australian Council on Healthcare Standards (ACHS) Infection Control Indicators are in accordance with the standard set of definitions published by the Australian Council for Safety and Quality in Health Care's, Health Care Associated Infections Advisory Committee (HCAIAC) and Surveillance Working Party.

The definitions were originally developed by the National Advisory Board of the Australian Infection Control Association based on the National Nosocomial Infections Surveillance Systems, the Nosocomial Infection National Surveillance System and from the Public Health Laboratory Service of the UK (PHLS).

In response to feedback from participating organisations and in keeping with the above definitions, the indicators published as version 3 have been modified to either improve the understanding of the indicator definitions or improve collection methodologies.

## **RELEASE DATE**

2002 Jan

## **REVISION DATE**

2009 Jan

## **MEASURE STATUS**

This is the current release of the measure.

This measure updates a previous version: Australian Council on Healthcare Standards (ACHS). ACHS clinical indicator users' manual 2008. ULTIMO NSW: Australian Council on Healthcare Standards (ACHS); 2007 Dec. 776 p.

## **SOURCE(S)**

Australian Council on Healthcare Standards (ACHS). ACHS clinical indicator users' manual 2009. ULTIMO NSW: Australian Council on Healthcare Standards (ACHS); 2009 Jan. 853 p.

## **MEASURE AVAILABILITY**

The individual measure, "Indicator Area 3: Haemodialysis-Associated Blood Stream Infection Surveillance CI 3.2," is published in "ACHS Clinical Indicator Users' Manual 2009."

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## **COMPANION DOCUMENTS**

The following is available:

- Australian Council on Healthcare Standards (ACHS). Australasian clinical indicator report 2001-2007. Determining the potential to improve quality of care: 9th edition. ULTIMO NSW: Australian Council on Healthcare Standards (ACHS); 2008. 611 p. This document is available in Portable Document Format (PDF) from the [Australian Council on Healthcare Standards \(ACHS\) Web site](http://www.achs.org.au).

## **NQMC STATUS**

This NQMC summary was completed by ECRI Institute on August 13, 2008. This NQMC summary was updated by ECRI Institute on October 9, 2009.

## **COPYRIGHT STATEMENT**

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Date Modified: 11/23/2009



